UNITED NATIONS **DP**

Executive Board of the United Nations Development Programme and of the United Nations Population Fund

Distr.
GENERAL

DP/FPA/2000/8 (Part II)
5 May 2000

ORIGINAL: ENGLISH

Annual session 2000
13 - 23 June 2000, Geneva
Item 2 of the provisional agenda
UNFPA

UNITED NATIONS POPULATION FUND

REPORT OF THE EXECUTIVE DIRECTOR FOR 1999

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Introduction

1. This section of the Annual Report deals with three aspects of the Fund's programme about which the Executive Director has been requested by the Executive Board to report on a regular basis. In decision 96/3 the Executive Board requested the Executive Director to submit an annual progress report on the activities and management of the Global Contraceptive Commodity Programme. In decision 96/14 the Board requested the Executive Director to submit a progress report on the activities of the Global Initiative as part of the annual report. In its approval of the country programmes for Algeria, China, Egypt, Nicaragua, Paraguay and the Pacific subregion at the first regular session 1998, the Executive Board requested the Executive Director to report regularly on the implementation of significant elements of those programmes.

I. GLOBAL INITIATIVE ON REPRODUCTIVE HEALTH COMMODITY MANAGEMENT

2. Both the Global Initiative on Reproductive Health Commodity Management (formerly named the Global Initiative on Contraceptive Requirements and Logistics Management Needs) and the Global Contraceptive Commodity Programme help to fulfill the mandate of the United Nations General Assembly, which at its 21st Special Session on 2 July 1999 adopted "Key actions for the further implementation of the Programme of Action of the International Conference on Population and Development." Paragraph 61 of that resolution urges "the United Nations Population Fund ... to continue to strengthen its leadership role within the United Nations system in assisting countries to take the strategic action necessary to ensure availability ... and choice of reproductive health products, including contraceptives".

3. The Global Initiative is an integral part of the core work of UNFPA and plays a crucial role in efforts to strengthen reproductive health commodity security and management as part of the Fund's country programmes. Such efforts are becoming increasingly important: in a survey conducted in 1998, it was found that out of the 63 country programmes approved in the year, 26 (41 per cent) contained components of logistics management strengthening; in 1999, similar components were contained in 9 out of 11 (82 per cent) country programmes. As requested by the Executive Board at the first regular session 2000, all new country programmes submitted to the Board for approval will be required to contain a brief section on reproductive health commodity needs and the plans for meeting those needs. In this regard, the Global Initiative would play a key role in providing pertinent information.

4. The emphasis of the work of the Global Initiative is, therefore, on building national capacity in order to make safe, high-quality reproductive health commodities accessible and available at affordable prices. As noted above, at the country-level recommendations made by the Global Initiative often figure in the design of country programmes. Working through Country Technical Services Team (CST) specialists, the Global Initiative also addresses training needs, institutionalization of information systems and sustainability issues in order for countries to meet their long-term reproductive health commodity needs. At the headquarters level, the Global Initiative plays a crucial role in coordinating

with donors in order to help specific countries meet shortfalls or gaps in the supply of reproductive health commodities.

5. To foster the ability of programme countries to manage supplies of reproductive health commodities, an advisory body, the Working Group of the Global Initiative, which consists of a number of multilateral and bilateral donors, international agencies, non-governmental organizations (NGOs) and private foundations, advises UNFPA on the direction of the substantive work of the Global Initiative project. The Working Group has found that contraceptive and reproductive health commodity shortfalls have profound consequences on the health of women in developing countries. It has therefore identified the prevention of such shortfalls as a major focus for the future work of the Global Initiative and has requested UNFPA to take the leadership in finding ways to achieve reproductive health commodity security.

6. It is understood that a broad alliance of stakeholders will be necessary to address the issue of preventing shortfalls and that all stakeholders involved in this area, including donors and developing country governments, need to contribute to the process. Efforts to guide policy, mobilize resources and strengthen mechanisms of coordination in order to prevent reproductive health commodity shortfalls will be the main direction for the Global Initiative's work in the near future. In close partnership with other stakeholders, the Global Initiative will take the lead in preparing a strategy paper on this issue, which will be presented at a consultative meeting prior to the UNFPA Executive Board's third regular session in September 2000.

7. The Global Initiative publishes an annual report on "Donor Support for Contraceptives and Logistics" to facilitate its advocacy and donor coordination work. The report, inter alia, outlines the trends in donor support for contraceptives and the country-specific logistics supported by various donors. The 1999 publication added a new chapter on logistics management and provided a comparison of the support for logistics management with the support for contraceptive commodities on a country-by-country basis. The Global Initiative plans to expand the database to include other reproductive health commodity needs in addition to contraceptives as well as information on social marketing and other private sector activities.

8. The Global Initiative has been involved in a number of activities to strengthen country capacity in logistics management and to help countries meet long-term contraceptive requirements, including the conduct of in-depth studies on contraceptive requirements and logistics management needs. The recommendations of in-depth studies are country specific. General terms of reference for the study include the following tasks: (a) estimation of contraceptive requirements both for short- and long-term periods; (b) assessment of logistics needs; (c) forecast of condom requirements for the prevention of sexually transmitted diseases (STDs) and HIV/AIDS; (d) review of the roles of the private and NGO sectors in meeting reproductive health commodity needs; and (e) calculation of financial requirements. The country-specific reports developed by such missions have proven useful for donor coordination and support. Analysis of the appropriateness of the existing method mix and suggestions for the introduction of new methods, issues related to quality assurance, and assessment of the accessibility of contraceptives are some of the important contributions of such studies.

9. In 1999, the in-depth study organized in Mongolia was expanded to include long-term requirements for reproductive health commodities. The Mongolia study, conducted with the collaboration of the CST in Bangkok, Thailand, addressed such areas as social marketing; the introduction of new contraceptive methods, including female condoms; and issues related to logistics management. Other in-depth studies conducted in 1999 took place in Kazakhstan and Uzbekistan. These studies were conducted jointly with the United States Agency for International Development (USAID). A significant change in the organization of these studies was the inclusion of national consultants and the limiting of external consultant support to only one or two international consultants. The Mongolian report recommended, inter alia, the introduction of social marketing for female condoms and provided an assessment and projection of essential reproductive health drugs. The Kazakhstan report contributed to the formation of a national contraceptive policy, and the Uzbekistan report provided key recommendations for meeting long- and short-term contraceptive and logistics needs. The recommendations of these studies are followed up on a regular basis by the Global Initiative.

10. The Global Initiative also organizes workshops in Logistics Management Training Strategy Development, involving two participants from each of five to six countries in a region. The final outcome of these workshops is a strategy document that describes how to strengthen logistics management in each of the participating countries. The necessary follow-ups to several of these strategy documents were made in 1999. A recently conducted external evaluation of the workshops recommended certain modifications to and consolidation of these workshops.

11. Since 1997, the Global Initiative has operated a pilot project, the UNFPA Private-Sector Initiative, to expand the commercial market share of contraceptive supply in selected countries. The rationale behind this initiative is that the segment of the population that can afford to buy contraceptives should be able to obtain them from commercial markets and that those not able to afford them should have access to free or subsidized products. UNFPA's role in this initiative is to "broker" discussions between manufacturers, governments and donors to improve the basis for dialogue and reduce unnecessary barriers.

12. The Private-Sector Initiative sponsors studies of relevant countries that emphasize a systematic, coordinated and cohesive approach to the total contraceptive market. The total market, therefore, can be better understood by analysing each market segment, consumer willingness and ability to pay, elasticity of demand and similar factors related to market intelligence. Once developed, a draft national strategy outlines a long-term process to enhance the role of the commercial sector in expanding the access to reproductive health commodities. Each study mission describes the key legal, political and social barriers to advancing the commercial market share in the target countries. In this context, governments, donors and the business community can negotiate commitments to minimize barriers to the expansion of commercial markets of contraceptives. As a priority, this is accomplished without adversely affecting access to contraceptives by those who cannot afford to pay commercial prices.

13. In 1999, with support from the David and Lucile Packard Foundation and the Department for International Development (DFID) of the United Kingdom, the Private-Sector Initiative moved forward in a number of countries. Follow-up missions were carried out in Ghana, India and Zimbabwe to look into the possibilities of organizing local committees and setting up market segmentation studies, as appropriate, to further strengthen the role of the commercial sectors in those countries. A market segmentation study in Egypt during 2000 is being planned. There are also plans for exploratory missions in Indonesia, Philippines, Turkey and Viet Nam.

14. In addition to the annual report on donor support for contraceptives in 1999, the Global Initiative published two other documents: "The Role of the Logistics Manager in Contraceptive Procurement: A Checklist of Essential Actions" (a guideline for logistics managers in developing countries) and "The UNFPA Private-Sector Initiative: Exploring Ways to Facilitate Cooperation between Governments and the Commercial Sector to Expand Access to Reproductive Health Commodities". In addition, Global Initiative staff are taking the lead in developing a Fund-wide guideline for collaborating with the private sector. The staff of the Global Initiative takes part in a number of inter-agency meetings dealing with dual protection, the female condom, and condom social marketing for HIV/AIDS prevention.

II. GLOBAL CONTRACEPTIVE COMMODITY PROGRAMME

15. The objective of the Global Contraceptive Commodity Programme (GCCP) is to provide essential buffer stocks of contraceptives and other reproductive health supplies to facilitate prompt response to urgent and emergency requests from developing countries. The necessity of arranging for such buffer stocks has resulted from the often extensive lead-times associated with commonly requested reproductive health commodities that are essential to meet the needs of national programmes. Following Executive Board approval of the GCCP in 1996 under a revolving fund arrangement, procurement of supplies began in 1997 and activities were initiated in early 1997.

16. At the end of 1999, UNFPA reached an agreement with the World Health Organization (WHO) that UNFPA would assume the role of lead agency for supply of contraceptives and other reproductive health commodities and that in the future WHO would source its requirements for such commodities through UNFPA. As a result, UNFPA assumed responsibility for WHO's emergency stock of condoms. The GCCP also has an agreement with UNAIDS for condom procurement.

17. During 1999, UNFPA supplied over 20 million condoms under the GCCP to a total of 9 UNFPA-assisted countries and 12 emergency destinations. UNFPA tries to maintain a stockpile of about 8 million condoms at any one time at the premises of two suppliers in Asia. In 1999, the GCCP expanded its stock holdings to include not only condoms but also oral contraceptive pills and intra-uterine devices (IUDs). Oral contraceptives were added to the stocks because of the lengthy lead-times being experienced in obtaining some of those products, and IUDs were added to maintain continuity of supply to particular countries. As a result, UNFPA was able to supply IUDs from the GCCP stockpiles

within a short period of time to meet urgent demands of 1.25 million IUDs for Viet Nam. Similarly, approximately 2 million cycles of oral pills were provided to Nepal and Pakistan.

18. During 1999, apart from contraceptives, the GCCP continued to hold stocks of reproductive health kits for emergency destinations. Stocks were provided not only for immediate emergency needs but preparedness stocks were also maintained in various countries. Anticipating continued high demand, UNFPA increased the stockpile of reproductive health kits currently maintained at the supplier's premises in the Netherlands to a total value of approximately $1.5 million. As part of the United Nations emergency response system, in 1999 UNFPA supplied a total of 1,200 emergency reproductive health kits with a value of $1.3 million to 19 destinations: Afghanistan, Albania, Angola, Democratic Republic of the Congo, East Timor, Ethiopia, Guinea-Bissau, Gabon, India, Indonesia, Kosovo, Nicaragua, Pakistan, Sierra Leone, Sudan, The Former Yugoslav Republic of Macedonia, Turkey, Uganda and United Republic of Tanzania. These emergency reproductive health kits were made available primarily through country programme funding. In addition, NGOs such as the International Rescue Committee, American Refugee Committee and Relief International have been utilizing the procurement services provided by UNFPA to obtain emergency reproductive health kits for their own relief efforts.

19. During the Kosovo refugee crisis in March 1999, UNFPA supplied emergency reproductive health kits to refugee camps in Albania and the Former Yugoslav Republic of Macedonia and to maternity hospitals throughout Albania. A budget of $120,000 was set aside for this purpose, and UNFPA procured emergency reproductive health kits to meet the needs of approximately 350,000 people for a period of three to six months. These supplies of emergency reproductive health kits were funded through special contributions from a number of governments, foundations and individuals. At the cessation of hostilities, the refugees began to return to Kosovo in June, and the Fund transported a number of emergency reproductive health kits into Kosovo to meet their needs until regular services could be restored.

20. UNFPA also supplied emergency reproductive health kits during 1999 to Turkey, which was hit by two devastating earthquakes. In that country, UNFPA helped restore supplies of medical equipment, contraceptives and essential drugs. The emergency kits supplied by UNFPA provided the most basic supplies needed to perform a clean and safe delivery. An estimated 90 per cent of babies in Turkey are delivered at maternity hospitals, which are dependent on the type of supplies included in UNFPA's kits. Likewise, in response to a government appeal in India, UNFPA provided the victims of the Orissa cyclone with maternal health supplies for safe delivery of newborn infants and kits for referral-level hospitals. UNFPA distributed emergency home delivery kits to mothers in East Timor, where there was little or no maternity care available. The Fund has also provided delivery supplies to local clinics and hospitals in East Timor.

21. Under the GCCP programme, UNFPA is currently working with potential suppliers who are willing to keep stocks of reproductive health kits and various contraceptives at their premises with no cost to UNFPA. This is a special service provided by these commercial organizations as part of UNFPA's GCCP programme implementation.

III. IMPLEMENTATION OF UNFPA COUNTRY PROGRAMMES

Algeria

22. The Algeria country programme was approved by the Executive Board in 1998 for a total amount of $7 million ($5.1 million from regular resources, $1.9 million from other resources), for a duration of three years (1998-2000). In 1998, the period between January and October was spent in finalizing component project proposals of the two subprogrammes and in discussing implementation with government counterparts. A UNFPA Representative was assigned to Algeria in October 1998, and his arrival coincided with the initiation of country programme implementation. During 1999 and to date, the implementation of the country programme has proceeded well, but it has been limited by the restriction on regular resources available from UNFPA and the difficulty of securing the indicated amount of funding from non-regular resources. Fundraising efforts are continuing during 2000.

23. The most important large-scale activity being undertaken as part of the Algeria country programme is one designed to improve the accessibility of quality reproductive health services in 400 primary health-care delivery points, 100 district health maternity clinics and 13 university teaching hospitals. As part of the programme, during 1999 a total of more than 100 health-care professionals (managers, doctors, mid-wives and counsellors) received training in various aspects of reproductive health service delivery, a study was conducted on contraceptive needs and logistics, and various medical equipment was purchased.

24. The UNFPA-assisted programme also helped to train community workers to spread information about modern reproductive health practices to rural populations, and the work of these "popularizers" commenced in three parts of the country. In order to help integrate reproductive health into the activities of youth information centres, the Fund provided assistance to a national NGO to train the directors of 48 of the centres and the multi-disciplinary teams that work in three of them. As part of the population and development subprogramme, UNFPA provided assistance to a number of national institutions to carry out several relevant studies, including three on ways of improving the status of women and reducing gender inequalities.

China

25. UNFPA provides assistance to the Government of China to implement the fourth country programme in the amount of $20 million from regular resources. The programme consists of four subprogrammes: (a) reproductive health; (b) women's empowerment; (c) reproductive health advocacy; and (d) South-South collaboration in reproductive health. The country programme was approved for the period 1997-2000 and was subsequently extended by one year. Its implementation is

planned to be completed by the end of 2001. The total expenditure by the end of 1999 was $6.8 million, leaving a balance of $13.2 million of the approved amount.

26. UNFPA's assistance to China is designed to influence the direction of the country's family planning policies and to facilitate a shift from a previous administrative approach to an integrated voluntary reproductive health approach in line with the Programme of Action of the International Conference on Population and Development (ICPD). In the 32 UNFPA-supported project counties, targets and quotas have been removed. Advocacy workshops have been carried out for key government policy makers and family planning officials to enhance an understanding of a client-oriented reproductive health approach. Training has been provided to service providers to emphasize the importance of quality of care. In addition, information, education and communication (IEC) materials have been distributed to each household in the counties in which UNFPA is working in order to disseminate information on the voluntary reproductive health approach. The change towards a client-oriented reproductive health approach with an emphasis on free choice and quality of care is increasingly appreciated by clients and family planning workers.

27. One major difficulty that has been found in implementing the programme is that there has been only marginal success in getting males involved in promoting reproductive health. In order to improve this situation, all training and IEC materials at county, township and village levels now call for increased male involvement. UNFPA has also started supporting a pilot male condom social-marketing project.

28. UNFPA is working very closely with other United Nations agencies in China in preparing the Common Country Assessment (CCA) and the United Nations Development Assistance Framework (UNDAF). The CCA was completed in January 2000.

Egypt

29. The Egypt country programme was approved in 1998 in the total amount of $18 million ($14.4 million from regular resources and $3.6 million from other sources) for a duration of four years (1998-2001). The process of articulating, formulating and finalizing the programme logical framework, subprogrammes and component projects took more than half a year, with the first implementation activities commencing in the last quarter of 1998. Currently, Egypt has initiated five component projects under the three subprogramme categories: reproductive health, population and development strategies, and advocacy. In addition, two projects formulated jointly with other United Nations agencies are in the pipeline.

30. As of September 1999, the Egypt country programme was fully operational, and the programme has been able to utilize available resources effectively. National execution is emphasized, except for international procurement of non-expendable equipment and for executing an IEC project for rural populations, which is being carried out by the Food and Agriculture Organization of the United Nations (FAO). The country office has been successful in securing $3.0 million from non-

regular resources, including $2.4 million from a trust fund contribution from the Government of Egypt. Efforts are continuing to secure additional funds required for the pipeline component projects targeting adolescents and harmful traditional practices.

31. The UNFPA country office in Egypt is working with the Government to operationalize the reproductive health concept as contained in the ICPD Programme of Action as part of the country's public health policies. The Fund has assisted the Ministry of Health and Population to review, assess and propose a revised comprehensive population and development policy. This draft policy includes a shift from a concentration on family planning to a wider, gender-balanced, comprehensive policy embracing the concepts of reproductive rights and reproductive health. Notably, special attention is given to the reproductive health of adolescents and to providing all segments of the country's population with access to quality, affordable and safe reproductive health services.

Nicaragua

32. The Nicaragua country programme was approved in 1998 for the period 1998-2001 in the amount of $11.4 million ($8.4 million from regular resources and $3.0 million from other resources). In the area of reproductive health, there are three subprogrammes: (a) increasing access to reproductive health in poor rural and urban areas; (b) improving adolescent reproductive health; and (c) helping to enhance human resources. One area in which significant progress has been made in the area of reproductive health has been in supporting the Nicaragua Ministry of Health in the provision of contraceptives. Increased contraceptive supply, expanding contraceptive options and implementing a new contraceptive logistics management system based on demand have been part of these achievements. Other reproductive health activities have included assisting counterparts in developing IEC strategies for the elaboration of information and communication materials and in providing and implementing training plans for the provision of reproductive health services.

33. In order to strengthen national capacity in the crucial area of adolescent reproductive health, efforts are being devoted to improving the standardization and definition of adolescent services and information systems at the Ministry of Health. An IEC strategy for adolescent reproductive health was developed in order to strengthen educational materials and motivational activities. Significant efforts have been made in working with youngsters using a multisectoral approach, favouring adolescent organizations, developing training activities and creating municipal adolescent houses.

34. A subregional Masters Degree programme in reproductive health offered by the National Autonomous University of Nicaragua has been strengthened during the current programme, graduating 35 professionals. A programme for sociocultural and demographic researchers at the Central American University was undertaken with the participation of 25 people, and a researcher network was created. The Fund supported three short courses on sociocultural and demographic research methodology for local and central decision-makers. In all three reproductive health subprogrammes, however, budget shortages and counterpart instability have been major constraints for the full implementation of activities.

Paraguay

35. The Paraguay country programme was approved in 1998 for a total amount of $5.5 million ($3.0 million from regular resources and $2.5 million from other resources) for the five-year period 1998-2002. Despite the clear progress that has been made in improving the reproductive health status of the people of Paraguay, the maternal mortality ratio in the country continues to be very high at 192 per 100,000 live births. The coverage and quality of reproductive health services need to be improved in order to reduce the level of maternal deaths. UNFPA's current programme is, therefore, supporting the extension of coverage to rural and indigenous settlements. UNFPA is cooperating with the Ministry of Health, Pan American Health Organization (PAHO) and local authorities to improve the quality of services through training, dissemination of norms and policies and the organization of mobile health clinics.

36. Through advocacy, UNFPA has contributed to the incorporation of themes like reproductive rights, gender and violence against women into the Government's agenda. A law regarding violence against women is currently being considered by the Senate. Also, a proposal for a reproductive health law, drafted by the coordination unit of Paraguayan women's groups, has been debated in a meeting with representatives of both legislative chambers and with representatives of a broad spectrum of civil society organizations. This law would secure universal access of women to all methods of family planning.

37. Due to political unrest, the implementation of the population and development strategies subprogramme has suffered some delays. UNFPA has helped to build the national capacity for collection and analysis of data at the National Centre for Survey and Statistics. This has made it possible for national and local authorities to have reliable data for planning. Also, some personnel from local governments have received initial training on the utilization of statistical data for situational analysis and the projection of scenarios for population growth and housing, health, education and water needs.

Pacific subregion

38. The Executive Board approved the programme for the Pacific subregion in 1998 for the four-year period 1998-2001 in the amount of $7.2 million from regular resources and $2.8 million from other resources, for a total of $10 million. The integrated approach to reproductive health is now accepted and recognized by all Pacific Island countries. Training of reproductive health service providers through workshops, seminars and courses on key components of reproductive health has contributed to strengthening the delivery of reproductive health services. As part of the current programme, the reproductive health skills of middle management health staff were upgraded through an 11-week certificate course for 16 participants at the Fiji School of Medicine. UNFPA also sponsored a guide for reproductive health programme managers on integrating reproductive health and STD/HIV prevention services and has addressed the management of STDs as a syndrome in the training being provided for family planning service providers.

39. Pacific Island countries have made significant strides in using various IEC tools to promote behavioural change. In the Marshall Islands, for example, the "condom man" advertising campaign in newspapers and posters, coupled with sales through ten condom outlets, has been a great success and has contributed to a remarkable increase in the use of condoms. Long-running radio spots have made an impact in the Cook Islands, especially in raising awareness on HIV/AIDS. Television campaigns promoting women's issues and topics such as violence against women, micro-enterprises, women and the law have been very effective in Fiji.

40. Effectiveness in implementing family planning programmes varies dramatically in the ten Pacific Island countries. Religion and culture continue to be barriers to the implementation of family planning and reproductive health programmes. One positive example has been in Kiribati where person-to-person and home visits for family planning counselling, supplies and services have had a major impact.

41. The highlight of advocacy initiatives in the subregion was a regional media seminar that helped to update journalists on key population and reproductive health issues, exchange experiences on media campaigns on population and reproductive health, and develop individual media samples for dissemination. To provide an incentive to journalists, awards were presented to those covering reproductive health issues in various media.

42. In March 2000, UNFPA secured approval of a $2.34 million grant from the United Nations Foundation for a regional adolescent reproductive health project. The project aims to assist Pacific Island countries to develop initiatives to provide a comprehensive range of reproductive and sexual health information and services to adolescents and youth.

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